

**Public Employees Health Program
COBRA Premiums**

Monthly Rates Effective July 1, 2008 - June 30, 2009

Type of Coverage		COBRA Premium
Preferred Care Medical		
	Single	\$518.69
	Double	\$1,069.48
	Family	\$1,427.73
Advantage Care Medical		
	Single	\$387.89
	Double	\$799.78
	Family	\$1,067.70
Summit Care Medical		
	Single	\$387.89
	Double	\$799.78
	Family	\$1,067.70
High Deductible Health Plan		
	Single	\$380.12
	Double	\$783.79
	Family	\$1,046.34